

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/25/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155561		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2011	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN47660			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for Investigation of Complaint IN00086241.</p> <p>Complaint IN00086241 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies cited.</p> <p>Survey date: 2/24/11</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF/NF: 79 Total: 79</p> <p>Census payor type: Medicare: 12 Medicaid: 44 Other: 23 Total: 79</p> <p>Sample: 3</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 2/28/11 by Suzanne Williams, RN</p>						

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F0280 SS=D	<p>Based on observation, interview, and record review, the facility failed to ensure a plan of care was coordinated among family and hospital and facility care providers to ensure the plan related the resident's feeding techniques was comprehensive. The deficient practice affected 1 of 1 resident reviewed related to a swallowing problem and safe feeding techniques in a sample of 3 residents (Resident D).</p> <p>Findings include:</p> <p>During interview on 2/24/11 at 1:00 p.m., with a family member of Resident D, she indicated she was at the facility daily from morning until night to feed the resident her meals and "keep everything moving - beverages cold, food warm." At this time, Resident D was observed seated at the bedside in a high backed chair with a neck pillow in place. The family member used small white plastic spoons to spoon small amounts of pureed foods to</p>			F0280	<p>F-280 Right to Participate Planning Care – Revise CP</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident D: The Care Plan has been updated to ensure plan of care was coordinated among family and staff. Direct Care staff and family were immediately in serviced by Speech Therapist regarding swallowing instructions for feeding of pureed diet and thickened liquids per MD order.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>Audit will be completed on all Residents to ensure ordered diet is correct. Speech Therapist will in service Clinical staff on any special feeding techniques that is identified with audit. Audit will be completed by DNS/ADNS/DESIGNEE BY 03-15-211.</p> <p>Audit will be completed on Aide Assignment sheets to ensure ordered diet and special feeding precautions are correct. To be completed by DNS/ADNS/DESIGNEE BY 03-15-11.</p>		03/16/2011

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	<p>the resident. The resident's beverages were observed to be thickened. The family member indicated the regular staff make sure the resident's foods are pureed and the care is moving. She indicated the "new ones have to learn - they want to give her regular water with ice."</p> <p>The clinical record for Resident D was reviewed on 2/24/11 at 4:00 p.m.</p> <p>The record indicated the resident was readmitted to the facility on 1/31/11 following hospitalization on 1/22/11 for diagnoses including, but not limited to, hypoxia and pneumonia. A Speech Pathology Report of Modified Barium Swallow (MBS), dated 1/26/11, included, but was not limited to, "Comments: Pt [patient] requires strict adherence to swallow strategies to minimize risk for aspiration." "Swallowing Guidelines" included, "Position</p>				<p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?</p> <p>Clinical Nurses/Speech Therapist will be in service to notify Speech Therapy and Dietary of all diets upon admission, readmission and change in condition. In service to be completed by DNS/ADNS/Designee by 03-15-2011</p> <p>IDT team to ensure that special diets or residents with special feeding precautions are communicated to Speech Therapy and dietary will review all New Admissions and Readmits/residents with change in condition. Care Plan will be updated and Aide Assignment Sheets will be updated at that time. Morning IDT Clinical meeting.</p> <p>Clinical Nurses/Speech Therapist will be in service to notify Speech Therapy and Dietary of all diets upon admission, readmission and change in condition. In service to be completed by DNS/ADNS/Designee by 03-15-2011</p> <p>Speech Therapist/Designee will in service to inform the Clinical Staff upon Admission/readmission/change in condition to ensure safety and special precautions are followed. To</p>		

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	<p>upright 90 [symbol for degrees] during and 30 [minutes] after meals, Small bites/sips, Slow rate, and Multiple swallows per bolus."</p> <p>The record indicated the resident was again readmitted to the facility on 2/11/11 following hospitalization on 2/3/11.</p> <p>The hospital Discharge Summary, dated 2/11/11, indicated the resident's Final Diagnoses included, but were not limited to, aspiration pneumonitis, dysphagia (difficulty swallowing), hiatal hernia with intrathoracic stomach, and restrictive lung disease in association with kyphoscoliosis and hiatal hernia. The Hospital Course section of the Discharge Summary indicated, but was not limited to, "...According to her son, there was concerned [sic] that the diet was not ideal at the skilled nursing facility where she resides. After discussion with our dietitian and speech therapist, the patient's son will be</p>				<p>be completed by DNS/ADNS/Designee by 03-15-2011</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>DNS/ADNS/Designee will monitor residents with diet changes with Continuous Improvement CQI tool for Care Planning Update weekly for 4 weeks, then bi-weekly for 4 weeks and then monthly thereafter. CQI monthly meeting will review results of audit.</p> <p>Date of Compliance: 03/16/2011</p>		

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	<p>discussing the specifics on the diet with the administrators at the skilled facility where she resides...."</p> <p>Discharge Instructions on the hospital Discharge Summary included, but were not limited to, "...Pureed diet with thickened liquids and detailed speech therapy and dietary recommendations are enclosed on the transfer forms....She has multiple risk factors for aspiration including her general weakness, malaise, dysphagia, the fact that she requires assistance with meals and the occasional unintentional incoordination/or feeding mishap, and finally she has a very large hiatal hernia, essentially her entire stomach is in her thorax on the CT scan from the last hospitalization in January and any degree of reflux could result in aspiration of stomach contents...."</p> <p>The hospital's Continuity of Care Form, signed and dated by the</p>						

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	<p>physician on 2/11/11, included, but was not limited to, "Diet: pureed nectar thick liquid*...Therapy...Speech: Evaluate and treat ...*nectar thick liq (liquid) by teaspoon offer fluids q [every] 2 [symbol for hour] while awake upright 90 [symbol for degrees] [symbol for with] meals small sips by teaspoon small bites encourage double swallow encourage no talking [symbol for with] food in mouth keep HOB [head of bed] > [greater than] 30 [symbol for degrees] @ all times chin tuck [symbol for with] swallowing."</p> <p>The resident's care plan with original date of Problem/Strength on 7/24/10 indicated, "Risk for choking...." An update to the Problem/Strength on 2/11/11 indicated, "Pureed diet [symbol for with] nectar thick fluids. At risk for aspiration [symbol for with] hx [history] of multiple episodes of aspiration." Interventions, dated</p>						

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	<p>2/18/11, indicated, "Encourage chin tucks when eating/drinking, HOB [head of bed] [arrow pointing up] 30 [symbol for degrees] (at least), Allow sufficient time to swallow, Place small amt [amount] of food/fluids on tip of tongue." Documentation failed to indicate all the feeding techniques indicated on the physician's discharge orders upon discharge from the hospital were included on the plan of care.</p> <p>A Physician's Telephone Order, dated 2/14/11, indicated, "S.T. (speech therapy) Evaluation for Dysphagia completed. Diet: Pureed w/ [with] Nectar - Consistency Liquids S.T. 1 X (one time) for Pt [patient] & caretaker education." On the same document was "Care Plan Update" with "Intervention Pt. & caretaker skilled S.T. instruction for feeding."</p> <p>The CNA Assignment Sheet, received from the Assistant Director of Nursing, during the</p>						

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	<p>Initial Tour on 2/24/11 at 10:30 a.m., indicated related to Special Instructions for Resident D: "Extensive assist with adl's [Activities of Daily Living], thickened liquids, offer foods and fluids freq. [frequently]."</p> <p>The Speech Therapy Plan of Treatment, with "SOC [Start of Care] Date 2/11/11 [sic]" indicated in the section "Precautions: Hx [history] of aspiration....Position at 90 degree angle during and 20 minutes after oral intake. Utilize chin tuck with oral intake. Recommended liquids consistency is nectar consistency by spoon. Recommended diet is puree." The "Skilled Services Completed," section indicated, "Analyzed family/caretaker knowledge of feeding. Pt [patient] using compensatory swallow techniques per Dr's [doctor's] orders and recommendations on 1/26/11 MBS study. Provided skilled instruction for Pt and caregiver." The plan was</p>						

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	<p>electronically signed by the Speech Therapist on 2/16/11.</p> <p>During interview on 2/24/11 at 5:20 p.m., the Director of Nursing (DON) provided copy of a handwritten document she indicated the resident's son provided the facility for instructions for feeding Resident D. She indicated the document was in the ADL binder used by the CNAs for documentation. She indicated the same information was on the overbed table at the foot of Resident D's bed.</p> <p>Review of the undated handwritten document provided by the DON included the following related to feeding Resident D: "Must be sitting upright at 90 [symbol for degrees] to eat or drink anything....Keep head elevated 30 degrees or more all the time. All [underlined] liquids nectar thick - no ice cream....Allow 3 swallows per bite of food. Only input 1/3 to</p>						

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	<p>1/2 teaspoon at a time. If she chokes or coughs make her (ask her) to cough 3 - 4 times to clear her throat before giving her additional [sic] fluid or food. Must be awake - alert to eat or drink - otherwise she will not swallow well. She must think about and work on swallowing....Allow 1 - 1 and 1/2 hours per meal. She need to tilt head forward to assist in swallowing [sic]. Put food & drink on the tip of her tongue so she must swallow. If it is put on the back of her tongue it slides down her throat and may go into her lungs. No straws. Everything by spoon."</p> <p>3.1-35(d)(2)(B)</p>						

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F0311 SS=D	<p>Based on observation, interview, and record review, the facility failed to ensure staff implemented safe feeding techniques for food and beverages for 1 of 1 resident reviewed related to a swallowing problem and individualized feeding techniques in a sample of 3 (Resident D).</p> <p>Findings include:</p> <p>During interview on 2/24/11 at 1:00 p.m., a family member of Resident D indicated she was at the facility daily from morning until night to feed the resident her meals and "keep everything moving - beverages cold, food warm." At this time, Resident D was observed seated at the bedside in a high backed chair with a neck pillow in place. The family member used small white plastic spoons to spoon small amounts of pureed foods to the resident. The resident's beverages were observed to be thickened. The family member</p>		F0311	<p>F-311 Treatment/Services to Improve/Maintain ADLS What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident D: The Care Plan has been updated to ensure plan of care was coordinated among family and staff. Direct Care staff and family were immediately in serviced by Speech Therapist regarding swallowing instructions for feeding of pureed diet and thickened liquids per MD order. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? Audit will be completed on all Residents to ensure ordered diet is correct. Speech Therapist will in service Clinical staff on any special feeding techniques. Audit will be completed by DNS/ADNS/DESIGNEE BY 03-15-2111 Audit will be completed on Aide Assignment sheets to ensure ordered diet and special feeding precautions are correct. To be completed by DNS/DNS/DESIGNEE BY 03-15-11 What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?</p>		03/16/2011	

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	<p>indicated the regular staff make sure the resident's foods are pureed and the care is moving. She indicated the "new ones have to learn - they want to give her regular water with ice."</p> <p>The clinical record for Resident D was reviewed on 2/24/11 at 4:00 p.m.</p> <p>The record indicated the resident was readmitted to the facility on 1/31/11 following hospitalization on 1/22/11 for diagnoses including, but not limited to, hypoxia and pneumonia. A Speech Pathology Report of Modified Barium Swallow (MBS), dated 1/26/11, included, but was not limited to, "Comments: Pt [patient] requires strict adherence to swallow strategies to minimize risk for aspiration."</p> <p>The record indicated the resident was again readmitted to the facility on 2/11/11 following</p>			<p>DNS, or designee will observe five random meals per week of those resident's with swallowing problems and individualized feeding techniques for 4 weeks to monitor proper feeding techniques being utilized.</p> <p>DNS, or designee will verbally question Nursing personnel on specialized feeding techniques five times weekly for four weeks and will immediately counsel and intervene if personnel demonstrates inadequate technique</p> <p>DNS or designee will then observe two meals a week for four weeks of those resident's with swallowing problems and individualized feeding techniques for four weeks to monitor proper feeding technique</p> <p>DNS or designee will verbally question Nursing Personnel on specialized feeding techniques two times weekly for four weeks and will immediately counsel and intervene if personnel demonstrates inadequate techniques</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>DNS/ADNS/Designee will monitor residents with diet changes with Continuous Improvement CQI tool for Care Planning Update weekly for 4 weeks, then bi-weekly for 4 weeks and then monthly thereafter. CQI monthly</p>			

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	<p>hospitalization on 2/3/11.</p> <p>The hospital Discharge Summary, dated 2/11/11, indicated the resident's Final Diagnoses included, but were not limited to, aspiration pneumonitis, dysphagia (difficulty swallowing), hiatal hernia with intrathoracic stomach, and restrictive lung disease in association with kyphoscoliosis and hiatal hernia. The Hospital Course section of the Discharge Summary indicated, but was not limited to, "...According to her son, there was concerned [sic] that the diet was not ideal at the skilled nursing facility where she resides. After discussion with our dietitian and speech therapist, the patient's son will be discussing the specifics on the diet with the administrators at the skilled facility where she resides...."</p> <p>Discharge Instructions on the hospital Discharge Summary included, but were not limited to, "...Pureed diet with thickened</p>				<p>meeting will review results of audit monthly. Date of Compliance: 03/16/2011</p>		

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	<p>liquids and detailed speech therapy and dietary recommendations are enclosed on the transfer forms....She has multiple risk factors for aspiration including her general weakness, malaise, dysphagia, the fact that she requires assistance with meals and the occasional unintentional incoordination/or feeding mishap, and finally she has a very large hiatal hernia, essentially her entire stomach is in her thorax on the CT scan from the last hospitalization in January and any degree of reflux could result in aspiration of stomach contents...."</p> <p>The hospital's Continuity of Care Form, signed and dated by the physician on 2/11/11, included, but was not limited to, "Diet: pureed nectar thick liquid*...Therapy...Speech: Evaluate and treat ...*nectar thick liq (liquid) by teaspoon offer fluids q [every] 2 [symbol for hour] while awake upright 90 [symbol for</p>						

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	<p>degrees] [symbol for with] meals small sips by teaspoon small bites encourage double swallow encourage no talking [symbol for with] food in mouth keep HOB [head of bed] > [greater than] 30 [symbol for degrees] @ all times chin tuck [symbol for with] swallowing."</p> <p>Nurse's Notes indicated the following:</p> <p>2/13/11 at 3:00 a.m., "...120 ml of nectar thick liquid intake so far this shift."</p> <p>2/14/11 10:00 p.m. to 6:00 a.m., "Has had approx [sic] [approximately] 360 ml of nectar thick liquids this shift...."</p> <p>2/15/11 11:30 (a.m. or p.m. not indicated), "Fed am [morning] meal per staff/family...."</p> <p>2/16/11 0418 (4:18 a.m.), "...Given spoonfuls of thickened water</p>						

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	<p>frequently. Would take about 3 spoonfuls then wait a few minutes and take 3 more...."</p> <p>2/19/11 0930 (9:30 a.m.) "...CNA fed res. [resident] this AM [morning] [symbol for without] problem [symbol for with] thickened fluids.... Wants family to come in and feed q [every] meal...."</p> <p>The resident's care plan with original date of Problem/Strength on 7/24/10 indicated, "Risk for choking...." An update to the Problem/Strength on 2/11/11 indicated, "Pureed diet [symbol for with] nectar thick fluids. At risk for aspiration [symbol for with] hx [history] of multiple episodes of aspiration." Interventions, dated 2/18/11, indicated, "Encourage chin tucks when eating/drinking, HOB [head of bed] [arrow pointing up] 30 [symbol for degrees] (at least), Allow sufficient time to swallow, Place small amt [amount] of food/fluids on tip of tongue."</p>						

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	<p>Documentation failed to indicate all the feeding techniques indicated on the physician's discharge orders upon discharge from the hospital were included on the plan of care.</p> <p>A Physician's Telephone Order, dated 2/14/11, indicated, "S.T. (speech therapy) Evaluation for Dysphagia completed. Diet: Pureed w/ [with] Nectar - Consistency Liquids S.T. 1 X (one time) for Pt [patient] & caretaker education." On the same document was "Care Plan Update" with "Intervention Pt. & caretaker skilled S.T. instruction for feeding."</p> <p>The CNA Assignment Sheet, received from the Assistant Director of Nursing, during the Initial Tour on 2/24/11 at 10:30 a.m., indicated related to Special Instructions for Resident D: "Extensive assist with adl's [Activities of Daily Living], thickened liquids, offer foods and fluids freq. [frequently]."</p>						

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	<p>The Speech Therapy Plan of Treatment, with "SOC [Start of Care] Date 2/11/11 [sic]" indicated in the section "Plan:" "...She has a supportive family who provides for a caregiver to assist her with feeding at meals." The "Skilled Services Completed," section indicated, "Analyzed family/caretaker knowledge of feeding. Pt [patient] using compensatory swallow techniques per Dr's [doctor's] orders and recommendations on 1/26/11 MBS study. Provided skilled instruction for Pt and caregiver." The plan was electronically signed by the Speech Therapist on 2/16/11.</p> <p>During interview on 2/24/11 at 5:20 p.m., the Director of Nursing (DON) indicated no documentation indicated nurses or aides had received training on special feeding techniques. She indicated she had heard the speech therapist talking to staff about the feeding. The DON</p>						

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	<p>provided copy of a handwritten document she indicated the resident's son provided the facility with instructions that included feeding instructions. She indicated the document was in the ADL binder used by the CNAs for documentation. She indicated the same information was on the overbed table at the foot of Resident D's bed. She indicated the resident had no restorative feeding plan.</p> <p>Review of the undated handwritten document provided by the DON included the following related to feeding Resident D: "Must be sitting upright at 90 [symbol for degrees] to eat or drink anything....Keep head elevated 30 degrees or more all the time. All [underlined] liquids nectar thick - no ice cream....Allow 3 swallows per bite of food. Only input 1/3 to 1/2 teaspoon at a time. If she chokes or coughs make her (ask her) to cough 3 - 4 times to clear</p>						

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	<p>her throat before giving her additional [sic] fluid or food. Must be awake - alert to eat or drink - otherwise she will not swallow well. She must think about and work on swallowing....Allow 1 - 1 and 1/2 hours per meal. She need to tilt head forward to assist in swallowing [sic]. Put food & drink on the tip of her tongue so she must swallow. If it is put on the back of her tongue it slides down her throat and may go into her lungs. No straws. Everything by spoon."</p> <p>During interview on 2/24/11 at 6:10 p.m., the Speech Language Pathologist indicated she worked with the caregiver, but not staff, on feeding techniques for Resident D.</p> <p>3.1-38(a)(2)(D)</p>						

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F0365 SS=D	<p>Based on observation, record review and interview, the facility failed to ensure the resident received the texture of food ordered by the physician for 1 of 1 resident reviewed related to diet texture in a sample of 3 residents (Resident D).</p> <p>Findings include:</p> <p>During interview on 2/24/11 at 1:00 p.m., a family member of Resident D indicated she was at the facility daily from morning until night to feed the resident her meals and "keep everything moving - beverages cold, food warm." At this time, Resident D was observed seated at the bedside in a high backed chair with a neck pillow in place. The family member used small white plastic spoons to spoon small amounts of pureed foods to the resident. The resident's beverages were observed to be thickened. The family member indicated the regular staff make sure the resident's foods are pureed</p>		F0365	<p>F-365 Food in Form to Meet Individual Needs.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident D: The Care Plan has been updated to ensure plan of care was coordinated among family and staff. Direct Care staff and family were immediately in serviced by Speech Therapist regarding swallowing instructions for feeding of pureed diet and thickened liquids per MD order.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>Audit will be completed on all Residents to ensure ordered diet is correct. Speech Therapist will in service Clinical staff on any special feeding techniques that is identified with audit. Audit will be completed by DNS/ADNS/DESIGNEE BY 03-15-211.</p> <p>Audit will be completed on Aide Assignment sheets to ensure ordered diet and special feeding precautions are correct. To be completed by DNS/ADNS/DESIGNEE BY 03-15-11.</p>		03/16/2011	

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	<p>and the care is moving. She indicated the "new ones have to learn - they want to give her regular water with ice." She indicated the facility now seemed to be doing better about sending pureed foods instead of mechanical soft foods for the resident's meals.</p> <p>The clinical record for Resident D was reviewed on 2/24/11 at 4:00 p.m.</p> <p>The record indicated the resident was readmitted to the facility on 1/31/11 following hospitalization on 1/22/11 for diagnoses including, but not limited to, hypoxia and pneumonia. A Speech Pathology Report of Modified Barium Swallow (MBS), dated 1/26/11, included, but was not limited to, "Comments: Pt [patient] requires strict adherence to swallow strategies to minimize risk for aspiration."</p> <p>The record indicated the resident</p>				<p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?</p> <p>Clinical Nurses/Speech Therapist will be in serviced to notify Speech Therapy and Dietary of all diets upon Admission, readmission and change in condition. In service to be completed by DNS/ADNS/Designee by 03-15-2011</p> <p>IDT team to ensure that special diets or residents with special feeding precautions are communicated to Speech Therapy and dietary will review all New Admissions and Readmits/residents with change in condition. Care Plan will be updated and Aide Assignment Sheets will be updated at that time. Morning IDT Clinical meeting.</p> <p>Clinical Nurses/Speech Therapist will be in serviced to notify Speech Therapy and Dietary of all diets upon admission, readmission and change in condition. In service to be completed by DNS/ADNS/Designee by 03-15-2011</p> <p>Speech Therapist/Designee will in service Clinical Staff upon Admission/readmission/change in condition on special feeding precautions and special diet to ensure safety and special precautions are followed. To be completed by 03-15-2011</p>		

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	<p>was again readmitted to the facility on 2/11/11 following hospitalization on 2/3/11.</p> <p>The hospital Discharge Summary, dated 2/11/11, indicated the resident's Final Diagnoses included, but were not limited to, aspiration pneumonitis, dysphagia (difficulty swallowing), hiatal hernia with intrathoracic stomach, and restrictive lung disease in association with kyphoscoliosis and hiatal hernia. The Hospital Course section of the Discharge Summary indicated, but was not limited to, "...According to her son, there was concerned [sic] that the diet was not ideal at the skilled nursing facility where she resides. After discussion with our dietitian and speech therapist, the patient's son will be discussing the specifics on the diet with the administrators at the skilled facility where she resides...."</p> <p>Discharge Instructions on the hospital Discharge Summary</p>			<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>DNS/ADNS/Designee will monitor residents with specific diet changes with Continuous Improvement CQI tool for Meal Service Observation weekly for 4 weeks, then bi-weekly for 4 weeks and then monthly thereafter. To be completed by DNS/ADNS/Designee CQI monthly meeting will review results of audit monthly.</p> <p>IDT team will bring results to CQI committee for review; overseen by Executive Director.</p> <p>Date of Compliance: 03/16/2011</p>			

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	<p>included, but were not limited to, "...Pureed diet with thickened liquids and detailed speech therapy and dietary recommendations are enclosed on the transfer forms....She has multiple risk factors for aspiration including her general weakness, malaise, dysphagia, the fact that she requires assistance with meals and the occasional unintentional incoordination/or feeding mishap, and finally she has a very large hiatal hernia, essentially her entire stomach is in her thorax on the CT scan from the last hospitalization in January and any degree of reflux could result in aspiration of stomach contents...."</p> <p>The hospital's Continuity of Care Form, signed and dated by the physician on 2/11/11, included, but was not limited to, "Diet: pureed nectar thick liquid*...Therapy...Speech: Evaluate and treat ...*nectar thick liq (liquid) by teaspoon offer fluids</p>						

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	<p>q [every] 2 [symbol for hour] while awake upright 90 [symbol for degrees] [symbol for with] meals small sips by teaspoon small bites encourage double swallow encourage no talking [symbol for with] food in mouth keep HOB [head of bed] > [greater than] 30 [symbol for degrees] @ all times chin tuck [symbol for with] swallowing."</p> <p>The facility's Physician's Orders upon readmission, dated 2/11/11, included, but were not limited to, "Dysphagia Diet Nectar Thick Liquid."</p> <p>The Speech Therapy Plan of Treatment, with "SOC [Start of Care] Date 2/11/11 [sic]" indicated in the section "Precautions: Hx [history] of aspiration....Recommended diet is puree."</p> <p>The Diet Communication Form, dated 2/11/11, included, but were</p>						

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	<p>not limited to, check boxes for Mechanical Soft, Pureed, Finger Foods, and Other Diet. Handwritten in the blank line next to Other Diet was "Dysphagia."</p> <p>During interview on 2/24/11 at 5:45 p.m., the Director of Nursing (DON) indicated she would consider a dysphagia diet to be a mechanical soft diet. During interview at this same time, the facility's Consultant Dietary Manager referenced the facility's current Indiana Diet Manual, dated 2011. She provided copies of pages 307 through 312 which described specific foods and preparation methods for the dysphagia diets. She indicated the resident had previously been on a Level 2 Dysphagia diet, and when dietary received the Diet Communication Form for Dysphagia diet on 2/11/11, the Level 2 had been followed until 2/14/11 when the physician's order was changed to a pureed diet, which she indicated</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>would be comparable to a Level 1 diet. She indicated the documentation indicated the resident would have been provided Level 2 (mechanical soft) instead of Level 1 (pureed) from 2/11 until 2/14/11.</p> <p>3.1-21(a)(3)</p>						